

Iowa Physician Health Program (IPHP)

Confidential Physician Self-Report Form

www.iphp.iowa.gov

The Iowa Physician Health Program evaluates, assists, and monitors the recovery, rehabilitation or maintenance of physicians who self report impairments. Participation in the IPHP is confidential. The Iowa Board of Medical Examiners (IBME) is not notified of a physician's participation in the IPHP unless the physician is noncompliant with the terms of participation in the program or is uncooperative with the IPHP. The IPHP is both an advocate for physician health and a means to protect the health and safety of the public.

Physicians who wish to self report to the IPHP should complete the following form:

Name _____ **Date of Report** _____

Home Address:

Work Address:

Home Phone _____

Cell Phone _____

Work Phone _____

FAX _____

Iowa License Number _____

Please describe reasons for this self-report (use additional sheets if necessary)

Have you undergone an evaluation for this condition? _____

Where? _____

Have you received any treatment for this condition? _____

Who was your treating physician? _____

Where did this treatment take place? _____

What were the dates of treatment? _____

Licensees or applicants may be ineligible to participate in the IPHP for the following reasons:

- The applicant or licensee engaged in the unlawful diversion or distribution of controlled or illegal substances for personal gain or profit
- The applicant or licensee is currently under an IBME order for alcohol or drug abuse or for another issue related to an impairment.
- The applicant or licensee has caused harm or injury to a patient
- The IBME is currently investigating the applicant or licensee for matters related to an impairment
- The applicant or licensee provided inaccurate, misleading, or fraudulent information or failed to cooperate with the IBME or IPHP

Do any items in the above list apply to you? *(Please note, if it is determined at some point in the future that you were ineligible for IPHP participation due to one of the above criteria, you may be referred to the Iowa Board of Medical Examiners.)*

☐ Yes* ☐ No

*** If yes, please explain**

*All information in possession of the Iowa Physician Health Program and its personnel regarding licensees is **confidential**. Do you give the IPHC permission to inquire about the material facts you have provided in this self-report?*

☐ Yes ☐ No

Physician Signature

Date

Please return this form to:

**The Iowa Physician Health Program
400 SW 8th, Suite C
Des Moines, Iowa 50309-4686**

If you have any questions or comments, call (515) 281-6491. Fax 515-242-0155.